

## INSTRUCTIONS

### FORM SL-1908 – BINDER/POLICY NUMBER REPLACEMENT FORM

This form must be submitted to the Department when a policy number becomes available from the insurer for a policy previously submitted with a binder or certificate number. The information from this form is used by the Department to update the previously submitted SL-1905 record for the policy. It is essential that binder or certificate numbers be replaced with the policy number as soon as possible. The policy number serves as the unique identifier for each policy in all Department records.

As with all other forms, the SL-1908 must be kept with the surplus lines broker's other records for the policy to which it relates and must be open to examination by the Commissioner at all times for 5 years after issuance of the coverage to which it relates. (§1915)

**FOLLOW THESE INSTRUCTIONS FOR EACH FIELD AS INDICATED.**  
**REFERENCE NUMBERS CORRESPOND TO NUMBERS ON THE SAMPLE FORM SL-1904**

Reference Number	Description	Instructions
1	Version of Form	Each Form is identified in the upper right hand corner and numbered according to the section of Title 18 to which it applies. Always be sure you are using the most current version of a Form.
2	Instructions	REMEMBER: This form should be submitted as soon as a policy number is available.
3	Name of Insured	Enter the name of the policyholder as originally reported.
4	Binder Number	Enter the Binder Number reported on the original SL-1905.
5	Effective Date and Expiration Date	Enter the date coverage begins and ends as originally reported.
6	Policy Number	Enter the policy number <i>exactly</i> as issued by the insurance company, including any spaces, hyphens, etc.
7	Agency Name	Enter the name of the business entity with which the reporting individual SLB is affiliated (if applicable) as originally reported.
8	Agency ID	Enter the Delaware SL license number of the Business Entity.
9	SL Broker Name	Enter the name of the individual SLB as originally reported.
10	SL Broker ID	Enter the Delaware SL license number of the individual SL broker originally reported as the SLB procuring coverage.



DELAWARE INSURANCE DEPARTMENT  
SURPLUS LINES  
BINDER/POLICY NUMBER REPLACEMENT FORM

To be submitted by the

**SURPLUS LINES  
BROKER**

**Form SL-1908**

v.06-1

2

THIS FORM MUST BE SUBMITTED TO THE DELAWARE INSURANCE DEPARTMENT WHEN A POLICY NUMBER BECOMES AVAILABLE FOR A PLACEMENT PREVIOUSLY SUBMITTED WITH ONLY A BINDER OR CERTIFICATE NUMBER PER 18 Del. C., § 1908(d)

**NAME OF INSURED:**

(As Originally Reported)

3

4

**BINDER OR CERTIFICATE NUMBER:**

**NEW POLICY NUMBER:**

6

**ORIGINAL POLICY TERM INFORMATION**

Effective Date

5

Expiration Date

MM/DD/YYYY Format

MM/DD/YYYY Format

**Name of SL Agency**

7

(Type or print name of Agency)

**DE Lic # of  
Agency**

8

**Name of SL Broker**

9

(Type or print name of Individual Surplus Lines Broker as originally filed)

**DE Lic #  
Individual**

10